

HARPER COUNTY

REQUEST FOR COUNTY BOARD ACTION

Items <u>must</u> be received in the Administrator's Office by <u>12:00 Noon</u> on the <u>Thursday</u> prior to the scheduled meeting to be considered.

Item #:

(Assigned by Administrator)

Meeting Date: 09/21/2020

Department: Health

Item Requested: Updates and Inordinate Spending Authorizations

Department Updates – COVID 19 and Flu Injections

Inordinate Spending Authorizations for Vaccines



Inordinate Spending Authorization

(For items above spending limits but within budgets.)

Department:	Health					Date: <u>_9</u>	/3/20)		
Requestor:	Heather Struble	,				0.00100				
Item description:	ProQuad (MMRV) \	/accine from	Me	erck						
	\$221.93	Quantity:		**	_	Extended Cost:		\$2,219.30		
Item description:										
		Quantity:				Extended Cost:		\$0.00		
Item description:										
Cost Per Item:		Quantity: _			_	Extended Cost:		\$0.00		
Item description:										
		Quantity:				Extended Cost:		\$0.00		
	Related expenses (eg. Shipping & Handling):									
		Total F			₹equ	ested Spending: _	\$2,249.30			
	Budget Account(s):	Fund		Dept		Object		Amount		
		008	′ _	24	_/	306237	\$	2,249.30		
			′ _		_/					
			′ _		_/					
		/	′ _		_ /					
Dunious donnulation	/itification.				To	tal budget lines:	\$	2,249.30		
Project description Estimate of vaccine	needs for immuniza	tions Will o	nhi	order as	nac	idad ta raduca nata	ntial	for		
vaccine wasteage.	needs for infilializa	tions. Will of	зіу	order as	nee	aed to reduce pote	ntiai	ror		
vaccine wasteage.										
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			-							
Attach required qu	otes and additional	documentat	ion	as need	ed.					
	Approved Date:				_					
	BoCC Signature:									



Inordinate Spending Authorization

(For items above spending limits but within budgets.)

Department:	Health					Date:	9/3/20)		
Requestor:	Heather Struble	<u></u>								
	Pneumovax 23 Vac									
Cost Per Item:	\$105.19	Quantity:		30	_	Extended Cost:		\$3,155.70		
Item description:										
Cost Per Item:		Quantity:				Extended Cost:		\$0.00		
Item description:										
Cost Per Item:		Quantity:			_	Extended Cost:		\$0.00		
Item description:										
Cost Per Item:		Quantity:			_	Extended Cost:		\$0.00		
		Related ex	pens	es (eg. S	hipp	ing & Handling):				
				Total I	Requ	ested Spending:		\$3,155.70		
	Budget Account(s):	Fund	,	Dept		Object	,	Amount		
	•	800				306238				
	-		· / -		-		<u> </u>			
	•		/_	•						
					To	tal budget lines:	\$	3,155.70		
Project description	• •									
	needs for immuniza	tions. Will	only	order as	nee	ded to reduce po	tential	for		
vaccine wasteage.		<u> </u>			•					
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						,				
Attach required qu	otes and additional	documenta	ntion	as need	led.					
	Approved Date:				_					
	BoCC Signature:									



Inordinate Spending Authorization

(For items above spending limits but within budgets.)

Department:	Health				Da	ite: <u>9/3</u>	/20		
Requestor:	Heather Struble								
Item description:	Prevnar 13 Vaccine								
Cost Per Item:	\$201.25	Quantity:		40	Extended Co	ost:		\$8,050,12	
Item description:									
Cost Per Item:		Quantity:			_ Extended Co	ost:		\$0.00	
Item description:									
Cost Per Item:	H	Quantity:	<u> </u>		_ Extended Co	ost:		\$0.00	
Item description:									
Cost Per Item:		Quantity:			_ Extended Co	ost:		\$0.00	
	Related expenses (eg. Shipping & Handling):						30		
		Total Req			Requested Spendi	ng:	\$8,080.12		
	Budget Account(s):	Fund		Dept	Object			Amount	
		800		24	-		\$		
	-		/_		_/				
	-		/		_				
	•		′ –		_ / Total budget lin		Ś	8,080.12	
roject description,	/justification:					=			
stimate of vaccine	needs for immuniza	tions. Will d	only	order as	needed to reduce	e potent	ial f	or	
accine wasteage.									
		<u> </u>							
Attach required qu	otes and additional	documenta	tion	as need	ed.				
	Approved Date:	, <u>,</u>			_				
	BoCC Signature:							· · · · · · · · · · · · · · · · · · ·	